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### **REVOCATION OF POWER OF** ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number Filing Date First Named In Group Art Unil Exeminer Name Attorney Docket Number BIOTIT

I hereby revoke ell previous powers of attorney or authorizations of agent given in the above-identified application:								
A Power of Attorney or Authorization of Agent is submitted herewith.								
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Telephono	<u> </u>	(703)812-5309 Fax (703) 243-6410						
I am the:								
Applicant/inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Name Bio-Tech Imaging, Inc., Shavon Mattack C.O.O.								
Signature Sho : Mastell								
Date	Date 8/5/02							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithms is required, see below?.								
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Application Number	09/296,534
Filing Date	04/22/1999
First Hamed byventor	Rober HALLOWITT
Title	Methods and Ompositions for D
Group Art Unit	1645
Examiner Name	Zeman, Robat A
Attorney Docket Number	ZVTT7

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Debbie Shoemaker 9 Cłaybrook San Antonio, TX 78254 Phone: (210) 520-3637 Mobile: (210) 415-7205

Fax: (210) 256-7044

E-mail: dshoemaker@hiotechimaging.com Or mshoema822@aol.com

# Bio-Tech Imaging, Inc.

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To: USPTO Fax: 703-872-9366

From: Debbie Shoemaker Date: August 5, 2002

Re: B(51)-7 Pages: A Total, including cover sheet

Please find attached: 1) transmittal form

2) Power of Attorney or Authorization of agent; and

3) Revocation of Power of Attorney or Authorization

of agent

in

Application No.

09/296,534 04/22/1999

Filing Date First Named Inventor

Robert A. HALLOWITZ

Group Art Unit

1645

**Examiner Name** 

Zeman, Robert A.

Atty Docket No.

**BIOTI-7** 

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			Examiner Name	Zeman, Robert A.				
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